COLLEGE ID CAMP

WHAT: Azusa Pacific Women's Soccer College ID Camp. This is a great opportunity for individual development under the direction of the APU Women's soccer staff. The camp will include technical training, tactical training and a scrimmage. You will also receive a College Soccer Education talk from Head Coach Jason Surrell.

WHO: High school girls and post-high-school players*
(*players who have finished high school must not be identified with an NCAA or NAIA institution)

WHEN: Friday, October 17th, 2014, 5:00 p.m. - 9:00 p.m.

WHERE: West Campus Soccer Field, Azusa Pacific University
701 E. Foothill Blvd., Azusa, CA 91702 (North side of Foothill Blvd. at Cerritos Ave.)

COST: $100 per player
Group Discount: $75 each for groups of 10 or more

DAILY SCHEDULE:

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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<tr>
<td>4:45 - 5:00 p.m.</td>
<td>Check-in at Cougar Soccer Complex</td>
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<tr>
<td>5:00 - 7:00 p.m.</td>
<td>Training Session</td>
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<td>7:00 - 7:30 p.m.</td>
<td>Break &amp; College Talk</td>
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<td>7:30 - 9:00 p.m.</td>
<td>Training Session &amp; Scrimmage</td>
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WHAT TO BRING: Everything you need for a soccer training session, water bottle, sunscreen.
Please wear a gray top and black shorts to the camp.

REGISTRATION for October 17th Women’s ID Camp:

Please complete one form per camper and provide all requested information below. Registration will be accepted up until the day of camp if space is available. Checks should be made payable to Azusa Pacific Soccer and should be mailed along with this form to:

Soccer Camp, Azusa Pacific University, PO Box 7000, Azusa, CA 91702-7000.

Name:________________________________________________________________________ Age:________________________

High School: ____________________________________________ Grade: ___________ HS Grad Date: ___________

Club Team: _______________________________________________ League and Level: ____________________ Position:__________

Parents'/Guardians’ Names:_____________________________________________________________________________________

Phone:__________________________ Email:_________________________

Address:______________________________________________________________________________________________

City:________________________________________ State:________________ ZIP:________________________

Emergency Contact Name and Phone:________________________________________________________________________

*Any medical conditions or allergies that the coaching staff should be aware of:____________________________________

Amount of Check Enclosed: $ ________________________________

For more information, contact camp co-director Molly Lavin at (626) 815-6000, Ext. 5107, or mlavin09@apu.edu, or visit www.apu.edu/athletics/soccer/womens/camps/.